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FIRST NAMED INVENTOR

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

APPLICATION NO.

10/14/2005

SCHIFF HARDIN, LLP PATENT DEPARTMENT 6600 SEARS TOWER CHICAGO, IL 60606-6473 01/18/2006 LWONDIM2 00000054 10070470

01 FC:1501

1400.00 DP

FILING DATE



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(Depositor's name)	_ ^ /	io11	Steven H. N
(Signature)	JUST	- 91/	Stm
(Date)	5 0	2006	January 10,

CONFIRMATION NO.

ATTORNEY DOCKET NO.

10/070,470	07/03/2002		Carl Johan Hoijer		Carl Johan Hoijer P02,0085		P02,0085	4665	
TITLE OF INVENTION:	DUAL CHAMBE	R HEART ST	TALUMI	R WITH EVOKED R	ESPONSE DETECTOR	₹			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400		\$0	\$1400	01/17/2006			
EXAM	EXAMINER ART U		ART UNIT CLASS-SUBCLASS		ן				
FAULCON JR	, LENWOOD	3762	/	607-027000	.				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the na or agents ((2) the na registered 2 registere	nting on the patent front page, I mes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nar depatent attorneys or agents. In mame will be printed.	ent attorneys 1 Schi	ff Hardin LLP			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	Γ (print or type)					
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE				ear on the patent. If an assig for filing an assignment. E: (CITY and STATE OR CO		document has been filed f			
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St. Jude M	edical AB		SWEI	DEN					
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent): 🗖 Individual 🔏 🤇	Corporation or other private gr	oup entity Governme			
a. The following fee(s) are o	enclosed:	4b	. Payment of	` '					
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☐ Advance Order - # of	Copies		The Direction Deposit Acc	ector is hereby authorized by count Number	charge the required fee(s), or (enclose an extra c	credit any overpayment, copy of this form).			
5. Change in Entity Status (a. Applicant claims SM	from status indicated above MALL ENTITY status. See	,	☐ b. Applic	ant is no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).			
The Director of the USPTO in NOTE: The Issue Fee and Punterest as shown by the reco	s requested to apply the Issu ablication Fee (if required) verds of the United States Pate	ue Fee and Publicat will not be accepted ent and Trademark	tion Fee (if and from anyone Office.	y) or to re-apply any previous to other than the applicant; a reg	ly paid issue fee to the applications and issue fee to the application of the application	ation identified above. he assignee or other party			
Authorized Signature	Stiven	. H. S	WY	Date	January 10, 200				
Typed or printed name	Steven H. Nol	1		Registration	No. 28,982				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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